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of pulmonary tuberculosis

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## THE OPEN-AIR TREATMENT OF PULMONARY TUBERCULOSIS.<sup>1</sup>

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About four years ago there was published in several of our medical journals a remarkable statement by a certain French physician. The statement was that he had discovered a new treatment for pulmonary tuberculosis. This new treatment was leaving one of the windows of the patient's sleeping-room open a little at night. He was surprised at the beneficial result, and advised others to try the new remedy.

This would cause a smile were it not for the fact that it seems to be a national belief of both the laity and the profession, in France, that leaving the window open at night is sure, as they say, to give one "sore eyes." At a large eye clinic in Paris, whenever a patient came for the first time, with an acute conjunctivitis, the professor would always say in an accusing tone of voice: "Ah! you slept with your window open," and the patient, with an air of being found out in wrong doing, usually meekly answered, "Yes."

In other countries, where there is not this ignorance or prejudice as to night air, custom is still far from what is healthful in this line. One example of what fresh air *has* done is worth more than many pages of long arguments as to what it ought to do. The following case is one example:

In February, 1894, I was called to see Mrs. —, aged thirty-six years. Her general appearance was that of

one naturally frail and suffering from pulmonary tuberculosis. The symptoms were cough, profuse expectoration, night-sweats, with emaciation and loss of strength. Physical examination of the chest showed signs of at least commencing tuberculosis. The family history revealed the fact that several of her immediate family had died of consumption.

With treatment the patient rallied from this low condition, and the night-sweats disappeared, but, while the other symptoms moderated, they were still persistent. Questioning whether or not this would be a suitable case for the tuberculin treatment, I requested the patient to see Dr. Jas. T. Whittaker, in order to obtain his diagnosis with Koch's lymph, and his opinion as to the suitability of this case for that method of treatment.

Accordingly, in the early part of April, he gave the first injection of tuberculin for diagnosis. On the evening of the second day there was a slight fever. As this might have been due to some other cause, this was not considered conclusive evidence, and it was decided to make another test. On the afternoon of April 17, 1894, a second injection of tuberculin was given. The reaction from this was very great. In order to secure an accurate report a trained nurse was called in for the night. In the evening the fever began, and

<sup>1</sup> Read before the Academy of Medicine of Cincinnati, January 6, 1896.



rose steadily until it reached 104°. This was accompanied by severe pain in the side, and the patient said she "ached in every bone." Antikamnia given the next day relieved the severe pains, and in a few days the patient was about again.

This reaction being considered decisive evidence of tuberculosis, it was decided to give the tuberculin treatment. This I carried out faithfully, as agreed upon, for six weeks, the patient coming to my office every other day. She grew slowly but steadily so much worse, however, that the treatment was abandoned at the end of that time. She had become much more feeble and emaciated, and the case looked rather hopeless. She had been obliged to give up housekeeping, not being equal to its cares.

I then decided to try simply hygienic measures, but to rely upon the efficacy of fresh air. She was to be inexorably out of doors, at least two hours, more if possible, every day in the *early* morning. Living in one of our beautiful suburbs, this was easily accomplished. Accordingly, each day, from 7 to nearly 11 o'clock, was spent in the open air, and occasionally, when weather permitted, the entire day was passed in the air and sunshine. At the beginning of these daily outings the patient walked three squares with great difficulty. She gained slowly, however, and after three months passed in this manner she went in September to the lakes, but remained there only two weeks.

As soon as the weather became too cold for the hours out of doors, the chief reliance was on fresh air at night. The patient slept in a large room, which had three large windows. Two of these windows, on different sides of the room, were down all the way from the top. There were no curtains and the shutters were open. Some mornings the patient found, on waking, that the thermometer registered below zero. Not feeling cold, she kept on with the open windows during the entire winter of, for us, extreme cold, even when the mercury was below zero. There was not a fire in this room once during the entire

winter, nor was the door ever left open into the warm hall in the day time. In the report of this case, I wish it well understood, however, that the entire toilet, night and morning, was made in an adjoining thoroughly well-warmed room.

The patient steadily improved in health, to every one's surprise. At the end of that winter the recovery was complete, her own testimony being that never in her life had she been so well. Friends and relatives concurred in the same opinion, not that she appeared robust, for, being naturally of a frail constitution, that could not be expected; but that, for her, it was an appearance of unusual health.

Nearly a year has passed since the end of that winter, when the health was fully established. There being no relapse in this length of time, the patient has once more assumed the duties of an active life.

The case, summed up, is simply this: The patient was one that, at sight, every body pronounced a consumptive. Several of her immediate family had died of consumption. Not merely appearances, but symptoms, indicated this disease. The diagnosis by tuberculin, a means confirmed over and over again in testing cattle for tuberculosis, was by a consultant, a specialist in this line, a recognized authority. The patient grew steadily worse, in spite of all treatment, the tuberculin as well as other remedies previously tried. At the close of a winter of extreme cold, and practically sleeping out of doors, without any medicine, or any other treatment, the patient was well.

A few reflections force themselves as the result of this case. Facts are worth more than pages of arguments and persuasions.

First. If such a restoration could be brought about in one of so delicate a make-up, what could not be accomplished for one of a better natural constitution with a similar affliction?

Second. If fresh air is such a powerful weapon, and can give a death-blow to tuberculosis, why not use fresh air to fortify the body against it, and thus help to exterminate tuberculosis?

To repair is not the only duty of physicians; to build up is a far greater duty.

Please notice that this out-door life was not obtained by crossing the ocean, nor going to the Far West, nor the distant South, nor by camping out. While camping out has quite an out-of-doors ring to it, there is nothing closer to sleep in than one of these tents. It was simply using a remedy just at hand. We are searching for help, and it is before us, but seems to pass unseen. It reminds one of the insane man at the

asylum, who always said to every visitor: "I wish I could see somebody."

Fresh air is not simply a remedy to use in sickness. Even physicians forget that air is our native element, the same as water is for a fish.

In sleeping-rooms the fresh air is barred out with shutters and curtains, as if it were an enemy, notwithstanding the fact that cutting off the air from human beings is just like taking fishes out of the water lest they may drown.







